## FILED Apr 24, 2006 8:00 am Secretary of State 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

The obligations of registered agent.  SIGNATURE  Filling Foo is \$50.00 Due by May 1, 2008  S. MANAGING MEMBERS / MANAGERS  ITILE MARK BERGLUND, SARAH J STREET ADDRESS OLIY-ST-2P  ITILE MARK STREET ADDRESS CITY-ST-2P  ITILE	1. Entity Nam	MENT # L05000019 Expressions, LLC	382	,,			04-10-20	06 90039 013 **	***50.00	
Suite Apt # occ   Suite Apr # occ   Suite Apt #	209-B LANG RD PO BOX 487									
Coy & Suste  Coy & Suste  County  Zo  County  A, Ell Number  52 - QU 5 2 2 5	Principal Place of Business     3. Mailing Address									
Typ Country Zp Country S. Cerificate of Status Desired	Suite, Apt. #, etc.		Suite, Apt. #, etc.			04052006	Chg-LLC	CR2E083 (11/05	)	
E. Name and Address of Current Registered Agent  T. Name and Address of New Registered Agent  The above named analy submits this statement for the purpose of changing its registered agent, or both, in the State of Rordo. I am familiar with, and accurate the obligations of registered agent.  The above named analy submits this statement for the purpose of changing its registered agent and the selection.  The above named analy submits this statement for the purpose of changing its registered agent, or both, in the State of Rordo. I am familiar with, and accurate the obligations of registered agent.  The above named analy submits this statement for the purpose of changing its registered agent, or both, in the State of Rordo. I am familiar with, and accurate the obligations of registered agent.  The above named analy submits this statement for the purpose of changing its registered agent and accurate the obligations of registered agent.  The above named analy submits this statement for the purpose of changing its registered agent and accurate the obligations of registered agent.  The above named analy submits this statement for the purpose of changing its registered agent and accurate the purpose of changing its registered agent and accurate the purpose of the accurate the	City & State	9	City & State			4. FEI Numb	"52-2 <sup>4</sup>	(		
Name    Name   Street Address (P.O. Box Number is Not Acceptable)	Zip	Country Zip Co		Cour	stry	5. Certificate	of Status Desired	□ \$5.00 A	ditional	
Street Appears    City   FL   Zip Code	6. Name and Address of Current Registered Agent				Name	7. Name and	Address of New	Registered Agent		
8. The above named ensity submits his statement for the purpose of changing its registered allice or registered agent, or both, in the State of Florida. I am familiar with, and accurate the obligations of registered agent.  SIGNATURE  Filling Foe is \$50.00  Due by May 1, 2008  PIOTE Received Agent agents required agent and their accurate.  PIOTE Received Agent agents required agent and their accurate.  PIOTE Received Agent agents required agent and their accurate.  PIOTE Received Agent agents required agent agents and their accurate.  PIOTE Received Agent agents required agent agents required agent agents required agent agents.  PIOTE Received Agent agents required agent agents required agent agents.  PIOTE Received Agent agents required agent agents required agent agents.  PIOTE Received Agent agents required agent agents.  PIOTE Received Agent agents required agent.  PIOTE Received Agent agents required agent agents required agent.  PIOTE Received Agent agents required agent agents required agent.  PIOTE Received Agent agents required agent agents required agent.  PIOTE Received Agent agents required agent agents required agent.  PIOTE Received agent.  PIOTE Received Agent agents required agent agents required agent agents required agent.  PIOTE Received Agent agents required agent.  PIOTE Received Agent agents required agent agents required agent.  PIOTE Received Agent agents required agent.  PIOTE Received	102 OAKHILL AVE				Street Address (P.O. Box Number is Not Acceptable)					
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Rorida, I am familiar with, and according to the obligations of registered agent.  SIGNATURE    Filling Fee is \$50.00   Make check payable to Florida Department of Inglaters Agent and the # apacade. PACE Required Agent agents are required and required agent and the # apacade. PACE Required Agent agents are required and required agent agents agents agent and the # apacade. PACE Required Agent agents are required and required agent agents agent agents agent					City			Zip Co	de	
Filing Foo is \$50.00 Due by May 1, 2008  9. MANAGINC MEMBERS / MANAGERS  10. ADDITIONS / CHANGES  11ILE MARK BERGUND, SARAH J SIREI ADDESS CITY-ST-2P FT WALTON BEACH, FL 32547  11ILE MAKE SIREI ADDESS CITY-ST-2P 11ILE MAKE SIR	SIGNATURE									
TITLE MARK BERGLUND, SARAH J STREET ADDRESS CITY-ST-2P  TITLE MARE CITY-ST-2P  TITLE MARE STREET ADDRESS CITY-ST-2P  TITLE MARE STREET MARE STREET CORES CITY-ST-2P  TITLE MARE STREET MAR	Filing Fee is \$50.00							ke check payable to	te	
NAME SIRE! ADDRESS CITY-SI-2P FT WALTON BEACH, FL 32547  ITILE NAME SIRE! ADDRESS CITY-SI-2P  ITILE NAME SIRE! ADDRESS CIT	9.		RS/MANAGERS	10.			ADDITIONS	CHANGES		
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CITY-S1-2IP    CITY-S1-2IP   CITY-S1-2IP   Change   Addit     NAME   STREET ADDRESS   STREET ADDRESS	HTUE NAME	Oelete TITLE						☐ Change	☐ Addition	
ITILE  MAME  STREET ADDRESS  CITY-ST-ZIP  Delete  HILL  MAME  STREET ADDRESS  CITY-ST-ZIP  Delete  HILL  MAME  STREET ADDRESS  CITY-ST-ZIP  11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report is Irue and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	CHY-ST-ZIP THEE NAME		☐ Delete	CITY TITLE NAME	-S1-ZP			☐ Change	Addition	
INILE NAME SIREET ADDRESS CITY-ST-ZP  11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee ampowered to execute this report as required by Chapter 608, Florida Statutes.	TITLE NAME		C) Deleta	TITLE				☐ Chiange	☐ Addition	
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	11. I heraby of indicated	on this report is true and accurate and	that my signature shall have	or the exer	motions containe legal effect es i	f made under oath	; that I am a mana	ging member or managi	er of the	